



## **Dr John Hutchison joins Autofony Therapeutics as Chief Medical Officer**

**London, UK - 03 September 2015** - Autofony Therapeutics Limited (“Autifony”), which is pioneering the development of novel pharmaceutical treatments for hearing disorders, today announced that Dr John Hutchison has joined the company as Chief Medical Officer, ahead of the planned retirement of Dr Peter Harris at the end of September.

Dr Hutchison joins Autofony from Pfizer, where he was Chief Medical Officer and VP of Clinical Research at Pfizer Neusentis in the UK. Dr Hutchison brings a wealth of experience of clinical drug development in both big pharma and the biotech sector, and has a strong background in CNS indications, including epilepsy, rare neurological disorders, Huntington’s disease, paediatric autism, and cerebellar ataxia. Dr Hutchison will head up Autofony’s growing clinical development team that will oversee the evaluation of two different candidate drugs in multiple clinical trials by the end of the year. Autofony’s first candidate drug, AUT00063, is in two Phase II trials: one for age-related hearing loss and one for tinnitus. AUT00206, the second of Autofony’s candidate drugs, is optimized for psychiatric indications and is initially being progressed for schizophrenia.

Dr Harris joined Autofony as a consultant in April 2012, before becoming the company’s first Chief Medical Officer in December of that year. Dr Harris successfully steered AUT00063 through first-in-human Phase I trials before setting up two pioneering Phase IIa clinical studies for age-related hearing loss and tinnitus in the US and UK, respectively. He built the strong network of collaborations in the hearing space which has underpinned Autofony’s Phase II programme. The two Phase IIa trials are due to read out by mid-2016.

Dr Charles Large, Chief Executive Officer of Autofony Therapeutics, commented: “Dr Hutchison brings new experience and insights that will help us to realise the full potential of our Kv3 ion channel platform. Our exciting new clinical development programme for schizophrenia will enter Phase I later this year, and John’s CNS experience will be critical to our ambitions. These ambitions go beyond schizophrenia to include other CNS indications of high unmet medical need.

“At the same time, we are sad Peter is stepping down, but pleased he has agreed to continue to provide his expertise in hearing clinical development to Autofony in a part-time capacity. I would like to warmly thank him for his remarkable contribution to Autofony over the last 3 years.”

-ENDS-

### **About Autofony Therapeutics Ltd**

Autifony Therapeutics is an independent UK based biotechnology company formed in 2011 as a spin-out from GSK, which retains equity in the company. The Company is focused on the development of high value, novel medicines to treat hearing disorders. It is funded by SV Life Sciences, Imperial Innovations plc, Pfizer Venture Investments, International Biotechnology Trust PLC, and UCL Business plc. Autofony works closely with hearing research experts at University College London’s Ear Institute, Yale University and other academic collaborators around the world to progress its pioneering research. [www.autifony.com](http://www.autifony.com)



## **About Age Related Hearing Loss**

Age-related hearing loss affects up to half of people over the age of 65, and the onset of hearing loss for some occurs well before this, affecting their ability to work. With aging demographics, age-related hearing loss is an increasing problem that can cause social isolation, depression, and even an acceleration of dementia. With many people now listening to personal listening devices for extended periods at high volume, the problem is likely to increase, with earlier onset becoming more common.

The key complaint for those suffering from age-related hearing loss is difficulty understanding speech, in particular in noisy environments. As well as being heard, the different components of speech need to be distinguished to be understood (for example, the difference between a “b” and “p”). These components can be very fast and rely on optimal function of auditory processing mechanisms in the brain as well as on reception by hair cells in the cochlea.

There is evidence that age-related hearing loss is due as much to problems in the brain as to loss of hair cells in the cochlea, with the finding that some people who have near perfect audiograms may still struggle to understand speech in environments where there is a lot of background noise.

As there are currently no treatment options, and hearing aids and cochlear implants are limited in their capacity to improve quality of life, research in this area is vital.

## **About Tinnitus**

The word 'tinnitus' comes from the Latin word for 'ringing'. It is the perception of sound in the absence of any corresponding external sound, which is generated by the sufferer's own auditory pathways. The location of the sound may be difficult to pinpoint, but it may be heard in one ear, in both ears or inside the head. The noise may be low, medium or high-pitched. There may be a single noise or multiple components. The noise may be continuous or it may come and go. Tinnitus can arise from many possible different causes, and is often accompanied by hearing loss. It is a common condition which affects as much as 10% of the population, although many cope well with the symptoms. However, for around 1% of the population, it brings considerable suffering.

Many treatment options are tried, most with limited success. They range from drugs affecting the central nervous system to electrical treatments and auditory and cognitive behavioural therapies.

Research shows that tinnitus arises within the central nervous system, and may be caused by increased neural activity in regions of central auditory pathway. Thus treatments for tinnitus need to focus on targets within the brain, and not the cochlea.

## **About Schizophrenia**

Schizophrenia remains a major healthcare challenge throughout the world. Patients with the condition have a poor quality of life and prognosis. Antipsychotics are the main treatment but it is generally asserted that in up to a third of people with schizophrenia, the illness shows a poor response to antipsychotic medication. Side effects of current approved drugs are considerable, including weight gain, diabetes, heart



disease, movement related deficits and sexual dysfunction. Particularly debilitating are the cognitive symptoms such as poor decision making, attention and memory; and negative symptoms, such as social withdrawal and anhedonia, which make work and relationships difficult to sustain. There is a clear need for more effective drugs with fewer side effects.

**For more information, please contact:**

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